

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029560

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 394 Primary Registration District No. 394 6030 Registrar's No. 177

FILED JUL 17 1963

VS 300 Rev. 4/59	DATE AMENDED	1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Reynolds</u>		
10900	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Webb Twp</u>	Length of stay in 1b <u>40 yrs</u>	c. CITY OR TOWN <u>Ellington</u>	
20900		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>OWN home</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>15 mi E. of Ellington</u>	
3		3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles Lindsay Cox</u>		4. DATE OF DEATH Month Day Year <u>July 6 - 1963</u>	
4 0		5. SEX <u>m</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 21 1893</u>
5 1		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE (last birthday) <u>69</u>
6		11. BIRTHPLACE (City and state or country) <u>Ellington Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
7 0		13a. FATHER'S NAME <u>Phenix Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Madden</u>	
8 0		14. NAME OF HUSBAND OR WIFE <u>Mae Cox</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I.</u>	
9 177X		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>Mae Cox Redford</u>	
10		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>22 cal. Rifle to left Temple</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <u>Carcinoma (Prostate Gland)</u> DUE TO (b) <u>Abuse led to dispondency</u> DUE TO (c) <u>—</u>		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u> <u>5-6 yrs</u> <u>3 months</u>	
11		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
12 90-3		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	
13 1-0		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		
	20f. CITY, TOWN, OR LOCATION <u>Ellington</u>		COUNTY <u>Mo</u>		
	20g. STATE <u>Mo</u>				
	21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>5:45 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				
	22a. SIGNATURE <u>Kenneth T. Tarkenton</u>		22b. ADDRESS <u>Ellington</u>		
	22c. DATE SIGNED <u>7-8-63</u>				
	23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		23b. DATE <u>7-8-63</u>		
	23c. NAME OF CEMETERY OR CREMATORY <u>New Redford</u>		23d. LOCATION (City, town, or county) <u>Redford</u>		
	24. FUNERAL DIRECTOR <u>Permitt Funeral Home - Ellington Mo</u>		25. DATE RECD. BY LOCAL REG. <u>July 13-63</u>		
	26. REGISTRAR'S SIGNATURE <u>Elma Jarrod</u>				

USE BLACK INK

OR

TYPEWRITER RIBBON

AUG 13 1963

JUL 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas L. Lemuth

Licensed Embalmer No. 4574

P. O. Address Ellington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.